

**DECLARATION FOR UTILITY OR
 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2002-016
First Named Inventor	Simon Peter Edwards
COMPLETE IF KNOWN	
Application Number	
Filing Date	09/13/2002
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Aseptic Serial Filling of Containers

(Title of the Invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/13/2002

as United States Application Number or PCT International

Application Number

PCT/US02/29203

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US02/29203	US	9/13/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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on
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City Mission Viejo

State California

ZIP 92692

Country US

Telephone 949-951-8456

Fax 949-951-8456

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Simon Peter
(first and middle (if any))Family Name Edwards
or SurnameInventor's
Signature

Date 19 FEB 03

Irvine

State California

Country US

Citizenship British

Residence: City

45 Palatine, Apt 406

Mailing Address

Irvine
City

State California

ZIP 92612

Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Douglas Kent
(first and middle (if any))Family Name Stricklin
or SurnameInventor's
Signature

Date 19 FEB 03

Brea

State California

Country US

Citizenship US

Residence: City

304 Copa De Oro

Mailing Address

City Brea

State California

ZIP 92823

Country US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Given Name**
Chester**Family Name or Surname**
Savage**Inventor's Signature** *Chester Savage***Date** *2/26/03***Residence: City**
Irvine**State**
California**Country**
US**Citizenship**
US**Mailing Address**
6 Harvest**Mailing Address****City**
Irvine**State**
California**ZIP**
92714**Country**
US**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Given Name**
Donald E.**Family Name or Surname**
Ripley**Inventor's Signature** *Donald E. Ripley***Date** *2/19/03***Residence: City**
Oceanside**State**
California**Country**
US**Citizenship**
US**Mailing Address**
5010 Caspian Drive**Mailing Address****City**
Oceanside**State**
California**ZIP**
92057**Country**
US**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor**Given Name****Family Name or Surname****Inventor's Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country**

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Simon Edwards
Title	Aseptic Serial Filling of Containers
Art Unit	
Examiner Name	
Attorney Docket Number	2002-016

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Terry L. Miller	29,568

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Address

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State

California

Zip

92692

Country

US

Telephone

949-951-8456

Fax

949-951-8456

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Simon Peter Edwards

Signature

Date

10 MAR 2004

Telephone

949 9551750

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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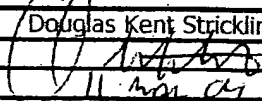
<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Terry L. Miller				
Address	24832 Via San Fernando				
Address					
City	Mission Viejo	State	California	Zip	92692
Country	US				
Telephone	949-951-8456	Fax	949-951-8456		

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SIGNATURE of Applicant or Assignee of Record

Name	Douglas Kent Stricklin
Signature	
Date	11/11/01
Telephone	949-223-3021

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

multiple forms are required. Submit multiple

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Chester Savage			
Signature	<i>Chester Savage</i>			
Date	03-11-04	Telephone	949-559-4229	

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name Donald E. Ripley

Signature *Donald E. Ripley*

Date MARCH 11, 2004

Telephone 760-213-0436

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